

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12 FEB 05 MAIL CENTER

N a c o g d o c h e s C o u n t y R e p u b l i c a n P a r t y P A C

ADDRESS (number and street)

6 3 5 N U n i v e r s i t y D r



(Check if address  
is changed)

P O B o x 6 3 0 8 6 6

N a c o g d o c h e s T X 7 5 9 6 3 - 0 8 6 6

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

chairman@nac-gop.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

nac-gop.com

2. DATE

06 / 16 / 2 0 1 4

3. FEC IDENTIFICATION NUMBER ►

C 0 0 5 2 9 7 1 9

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sharron Graves

Signature of Treasurer

*Sharron Graves*

Date

0 6 / 1 6 / 2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☒ This committee is a ☐ SUB (National, State or subordinate) committee of the ☐ REP (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

NACOGDOCHES COUNTY REPUBLICAN PARTY PAC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

R	E	P	U	B	L	I	C	A	N	P	A	R	T	Y	O	F	T	E	X	A	S
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Mailing Address

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A	U	S	T	I	N	T	X	7	8	7	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

S	H	A	R	R	O	N	G	R	A	V	E	S
---	---	---	---	---	---	---	---	---	---	---	---	---

Mailing Address

2	2	2	9	C	L	A	R	I	C	E
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N	A	C	O	G	D	O	C	H	E	S	T	X	7	5	9	6	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Title or Position

CITY

STATE

ZIP CODE

P	A	C	T	R	E	A	S	U	R	E	R
---	---	---	---	---	---	---	---	---	---	---	---

Telephone number

9	3	6	5	6	4	1	2	2	1
---	---	---	---	---	---	---	---	---	---

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

S	H	A	R	R	O	N	G	R	A	V	E	S
---	---	---	---	---	---	---	---	---	---	---	---	---

Mailing Address

2	2	2	9	C	L	A	R	I	C	E
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N	A	C	O	G	D	O	C	H	E	S	T	X	7	5	9	6	4
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CITY

STATE

ZIP CODE

Title or Position

P	A	C	T	R	E	A	S	U	R	E	R
---	---	---	---	---	---	---	---	---	---	---	---

Telephone number

9	3	6	5	6	4	1	2	2	1
---	---	---	---	---	---	---	---	---	---

Full Name of  
Designated  
Agent

J A C K I E Y A T E S

Mailing Address

P O B O X 6 3 0 8 6 6

N A C O G D O C H E S

CITY

T X

STATE

7 5 9 6 3 - 0 8 6 6

ZIP CODE

Title or Position

C O U N T Y C H A I R M A N

Telephone number

9 3 6 - 4 6 2 - 3 1 7 5

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

B A N C O R P S O U T H

Mailing Address

2 4 0 0 N O R T H S T

N A C O G D O C H E S

CITY

T X

STATE

7 5 9 6 5 -

ZIP CODE

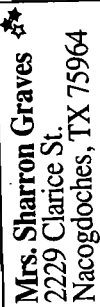
Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE



**Mrs. Sharron Graves**  
2229 Clarice St.  
Nacogdoches, TX 75964



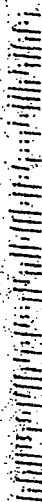
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Washington DC 20463


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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"> <b>PREPARER</b> (8/2013)</div><div style="text-align: right;"><div style="text-align: center;">7/23/14</div><b>DATE PREPARED</b></div></div>	

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